## ISSUE SLIP STAPLE AREA (for additional cross references) POSITION INITIALS ID NO. DATE **FEE DETERMINATION** 10-16-00 O.I.P.E. CLASSIFIER **FORMALITY REVIEW** RESPONSE FORMALITY REVIEW **INDEX OF CLAIMS** Rejected ..... Non-elected ..... Allowed ..... Interference (Through numeral)... Canceled ..... Objected ..... Restricted Claim Date

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